

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009827

Entity Name: GREATER TRILBY COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**20235 OLD TRILBY ROAD
DADE CITY, FL 33523**Current Mailing Address:**P.O. BOX 6
TRILBY, FL 33593-0006**FEI Number:** 20-1815131**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RILEY, RICHARD K
20235 OLD TRILBY RD
DADE CITY, FL 33523 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CD
Name	BLACK, SCOTT
Address	13951 NINTH ST
City-State-Zip:	DADE CITY FL 33525

Title	SD
Name	RILEY, RICHARD K
Address	20235 OLD TRILBY RD.
City-State-Zip:	DADE CITY FL 33523

Title	VD
Name	HARRIS, SAVANNA MARIE
Address	20848 HINES RD.
City-State-Zip:	DADE CITY FL 33523

Title	PD
Name	DOCTOR, MICHAEL
Address	38252 MOSSTOWN RD.
City-State-Zip:	DADE CITY FL 33523

Title	TD
Name	RILEY, KATHY
Address	20235 OLD TRILBY ROAD
City-State-Zip:	DADE CITY FL 33523

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD K RILEY**TREASURER****04/03/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date